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Application Number Filing Date 09/502 810 MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND 22 US AMENDMENT **AMENDMENT** Indep Depend Indep Depend Depend Indep Depend Indep Depend Indep Depend Indep 51 52 53 54 56 60 62 63 64 65 67 69 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 Total Indep Total Depend Depend Total Claims

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